

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10673988

FILING DATE

APPLICANT(S)

9/30/03

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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3			/			
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TOTAL IND.			2			
TOTAL DEP.			21			
TOTAL CLAIMS			23			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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